

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035143

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. **042** Primary Registration District No. **1000** Registrar's No. **1137**

FILED SEP 25 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Milan	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #2		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RUBY Middle SARAH Last COCHRAN		4. DATE OF DEATH Month September Day 20 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/15/1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	9. AGE (last birthday) 70
11a. FATHER'S NAME George U. Yardley		11b. BIRTHPLACE (City and state or country) Sullivan Co., Mo.	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		13. MOTHER'S MAIDEN NAME Nancy Price	
14. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) broncho-pneumonia		INTERVAL BETWEEN ONSET AND DEATH ca 3 days	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) central thrombosis, old; essential hypertension, urinary	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20d. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Joseph, Mo.	
21. I attended the deceased from 9-20-63 to 9-20-63 and last saw her alive on 9-20-63 Death occurred at 11:55 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) E. S. Waraich M.D.	
22b. ADDRESS State Hospital No. 2, St. Joseph, Mo.		22c. DATE SIGNED 9-20-1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/21/1963	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Heaton-Bowman Funeral Home - St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 21, 1963	
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

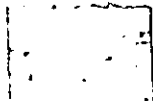
DOCUMENT

BY AFFIDAVIT OF

CERTIFICATION

E. S. Waraich M.D.

OCT 1 1963



Permit issued 9-21-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Eugene Wood

Licensed Embalmer No. 3804

P. O. Address

295 W. 11th St. Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.